

Michigan Department of Licensing and Regulatory Affairs  
**Bureau of Health Care Services**  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918  
Fax: 517-373-7179  
www.michigan.gov/healthlicense

**BOARD USE ONLY****DATA CHANGE/DUPLICATE LICENSE REQUEST**

Authority: Public Act 368 of 1978, as amended.

**PHARMACY STORES AND MANUFACTURER/WHOLESALE/DISTRIBUTORS** DO NOT USE THIS FORM FOR A NAME AND/OR ADDRESS CHANGE. YOU WILL NEED TO COMPLETE A RELOCATION APPLICATION WHICH CAN BE OBTAINED EITHER ONLINE AT [WWW.MICHIGAN.GOV/HEALTHLICENSE](http://WWW.MICHIGAN.GOV/HEALTHLICENSE) OR BY CONTACTING THIS OFFICE AT THE NUMBER LISTED ABOVE.

**NURSE AIDES** DO NOT USE THIS FORM. YOU NEED TO CONTACT PROMETRIC AT 1-800-752-4724 TO OBTAIN THE PROPER FORM FOR NAME AND/OR ADDRESS CHANGE OR TO OBTAIN A DUPLICATE CERTIFICATE.

Address changes can also be processed online by visiting our website at [www.michigan.gov/elicense](http://www.michigan.gov/elicense). However, please use this form when requesting a name change.

**CURRENT INFORMATION ON LICENSE/REGISTRATION:** Please TYPE or PRINT only.

First Name:	Middle Name:	Last Name:
MI Permanent I.D./License Number:	U.S. Social Security Number:	Date of Birth (MM/DD/YYYY):
Profession:	E-mail Address:	

**Please check the boxes below for the service you are requesting:**Please specify which licenses/registrations you want changed. **NO CHANGES WILL BE MADE IF THIS FORM IS NOT COMPLETE.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Professional License/Registration | <input type="checkbox"/> Controlled Substance      | <input type="checkbox"/> Specialty License |
| <input type="checkbox"/> Drug Control                      | <input type="checkbox"/> Drug Treatment Prescriber |  |

- ☐ 1. **NAME CHANGE:** I request the Department to change my records due to a name change. A copy of the legal document (**i.e. marriage certificate, divorce decree or other form of legal documentation**) must be submitted, with this form, to verify the name change you are requesting. Your signature must be provided on the reverse side. If you would like a new license reflecting your new name, please see fee requirement on reverse side.

First Name:	Middle Name:	Last Name:
Reason for Change:		

- ☐ 2. **ADDRESS CHANGE FOR PROFESSIONAL AND/OR SPECIALTY LICENSE:** I request the Department to change my records due to an address change. Your signature must be provided on the reverse side. If you would like a new license reflecting your new address, please see fee requirement on reverse side.

Name of Office/Facility (if applicable):		
Street Address:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

Name:		
<input type="checkbox"/> <b>3. ADDRESS CHANGE FOR CONTROLLED SUBSTANCE AND DRUG CONTROL LICENSE:</b> I request the Department to change my records due to an address change. Your signature must be provided below. If you would like a new license reflecting your new address, please see fee requirement listed below.		
MI Permanent I.D. Number:		
Name of Office/Facility:		
Street Address of Office/Facility:		
City:	State:	Zip Code:
Phone Number w/Area Code:	E-Mail Address:	

  

<input type="checkbox"/> <b>4. DUPLICATE LICENSE - \$10.00 for EACH license:</b> I request the Department to issue a duplicate for the following reason:  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span><input type="checkbox"/> Data Change</span> <span><input type="checkbox"/> Lost</span> <span><input type="checkbox"/> Stolen</span> <span><input type="checkbox"/> Not Received</span> <span><input type="checkbox"/> Destroyed</span> </div> <p style="margin-top: 10px;"><b>If your license will expire in the next 60 days, you do not need to pay for a duplicate license. You will receive a new license after the renewal is processed.</b></p> <p>Please check <b>below</b> the license(s) you are requesting a duplicate to be issued. Make your check payable to the <b>State of Michigan</b> for the total amount.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Professional License/Registration - \$10.00</span> <span><input type="checkbox"/> Specialty License - \$10.00</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Controlled Substance - \$10.00</span> <span><input type="checkbox"/> Drug Control - \$10.00</span> <span><input type="checkbox"/> Drug Treatment Prescriber - \$10.00</span> </div> <p style="margin-top: 10px;">Your check or money order drawn on a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> must accompany this request. <b>DO NOT SEND CASH.</b> Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.</p>		
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Signature of Applicant	Date Signed
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The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.